PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/20/7. Cited both 1/31/20/7. Cited bo

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/535,485 | | | ing Date 17/2005 | To be Mailed | | |
|---|---|---|---------------------------------------|---|------------------|---|--|------------------------|----|-----------------------|-------------------------------|--|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | | |
| | BASIC FEE (37 CFR 1.16(a), (b), | \neg | N/A | LD NO | N/A | ı | N/A | 122 (0) | | N/A | TLL (0) | | |
| | SEARCH FEE | | N/A | | N/A | ı | N/A | | ı | N/A | | | |
| | (37 CFR 1.16(k), (i), EXAMINATION FE | E | N/A | | N/A | ı | N/A | | | N/A | | | |
| | (37 CFR 1.16(o), (p), FAL CLAIMS CFR 1.16(i)) | or (q)) | minus 20 = * | | | ı | x \$ = | | OR | x s = | | | |
| IND | EPENDENT CLAIM CFR 1,16(h)) | s | minus 3 = * | | | ı | x \$ = | | | x \$ = | | | |
| | APPLICATION SIZE 37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pape 50 (\$125 ional 50 s | gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s). | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | ı | TOTAL | | | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| AMENDMENT | 11/27/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1.18()) | • 4 | Minus | 20 | = 0 | | x \$ = | | OR | X \$50= | 0 | | |
| Ζ | Independent (37 CFR 1,16(h)) | • 1 | Minus | 3 | = 0 | | x \$ = | | OR | X \$210= | 0 | | |
| Ĭ | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | | |
| Г | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | | |
| | Total (37 CFR 1,16(i)) | | Minus | ** | | l | x \$ = | | OR | x s = | | | |
| N | Independent (37 CFR 1,16(h)) | | Minus | *** | | 1 | x \$ = | | OR | x s = | | | |
| Z I | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | 1 | | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | | |
| If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter" 20". "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "3". | | | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burful, as should be sent to the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS